PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2880

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

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| | ATLANTA, INC L PROPERTY DE OAF PARKWAY | | | papers. Each additional paper, such as an assignment or formal drawing, must awe its own certificate of milling or transmission. Certificate of Malling or Transmission. Ihereby certify that this Fe(s) Transmissi is engl deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Ston ISSUE FEE address above, or being finsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Ropositor's same) | | |
|---|---|--|---|--|---|------------------|
| | | | | | | (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | . / | TTORNEY DOCKET NO. | CONFIRMATION NO. |
| 09/935,514 TITLE OF INVENTION | 08/23/2001 ALLOCATING ACCI | ESS ACROSS SHARED | Martin W. McKinnon III COMMUNICATIONS MI | EDIUM TO USER CI | -10263-35430 .ASSES 89.88 | 9171 |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE I | FEE TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 01/22/2007 |
| EXAM | NER | ART UNIT | CLASS-SUBCLASS | 1 | | |
| CHANG, R | ICHARD | 2616 | 370-230000 | - | | |
| "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME AI PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG | cation (or "Fee Address 2 or more recent) attact ND RESIDENCE DAT. ess an assignee is ident in 37 CFR 3.11. Companies Companies attack to the companies of the | iffied below, no assignee pletion of this form is NO | (B) RESIDENCE: (CITY | vely, " le firm (having as a n lagent) and the names wrievs or agents. If no printed. pc) latent. If an assignee assignment. / and STATE OR CO 1e, Georgia | is identified below, the do | |
| 3 Issue Fee 2 Publication Fee (No small entity discount permitted) Advance Order - # of Copies | | | b. Payment of Fee(s). (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to change the required fee(s), any deficiency, or credit any occupyment. In Deposit Account beamber 15—0761 (enclose an extra copy of this form). | | | |
| 5. Change in Entity Stat | us (from status indicate SMALL ENTITY stat | | ☐ b. Applicant is no lor | oer claiming SMALI | ENTITY status. See 37 CF | R 1.27(e)(2) |
| | | | | | ered attorney or agent; or the | |
| Authorized Signature | (| sk Lafferty | | Date / C | 15m/07 | |

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OMB 065I-0033

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